_Ap	<u>olicant Must Complete A</u>	LL 20 It	ems (Except For						<u>PRINT</u>	Approved OMB No. 2120-0034							
Copy of FAA Form 8500-9					1. Application For: Airman Medical Airman Medical and					. Class of Medical Certificate Applied For:								
(Medical Certificate) or FAA				Certificate Student Pilot Certificate						1st 2nd 3rd								
Form 8420-2 Medical Student					3. Last Name					First Name				N	liddle Name			
"	ot Certificate) issued.	4 Casial Casumit	. Ni mahan															
١.,,	DIOAL OFFICIOATE	_		^	4. Social Security Number 5. Address Telephone Number () -													
	EDICAL CERTIFICATE AND STUDENT PILOT		CLAS	_	5. Address			Telepho	ne Nu	mber () -							
l ′	AND STUDENT FILOT	CERTI	FICA	16	Number/Street City State/Country Zip Code													
											- 1							
Thi	s certifies that (Full nai	me and	addre	es).	Date of Birth	MM/DD/	YYYY	7. Color	of Hai	r	8. Color of Eyes 9. S				9. Sex			
' ' '	o con amino and (i am mai	no ana	uuu, o		Citizenship													
					-													
					10. Type of Airm	10. Type of Airman Certificate(s) You Hold												
					☐ None			☐ ATC Sr	oeciali	st 🔲	Flight	Flight Instructor						
					☐ Airline	Transpoi	rt	Fight E	ngine	er 🔲	•							
Date	e of Birth Height W	/eight	Hair	Eyes Sex	Comme	rcial		☐ Flight N	lavigat	or	Studer	nt						
	<u> </u>				11. Occupation				1	12. Emp	over							
	met the medical standar eral Aviation Regulations								1									
	ical Certificate.	s, 101 till	S Clas	5 UI	13, Has Your FA				een D	enies, Suspende If yes, give o		evok	ked?					
					☐ Ye	es _		J		ii yes, give t		M/D[D/YYYY					
۱.,					Total Pilot Time(
Suo	Limitations				14. To Date 15. Past 6 Months 16.Date of I					16.Date of La	f Last FAA Medical Application No Prior							
tati											MM/ DD/YYYY Application							
Ë					17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?													
╚	Date of Evenination Evenin	navia Dani		Na	Yes	No (If	yes, b	elow list medi	cation	(s) used and che	ck appi	ropr	riate box). 17.b.	Do You	Previously Reported			
L	Date of Examination Examin	ner's Desi	gnation	NO			, , .			(-,	<u>Yes</u>							
ine	Signature	Signatura																
Examiner	Signature																	
Ш	Toward Marsa				†													
	Typed Name				(1	f more s	pace i	s required, use	e 17.a	. on the instruction	n shee	et).						
Air	man's Signature	17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?							g?									
					17.b. Do You E	ver Use	Near \	Vision Contact	t Lens	(es) wrille riving	?				☐ No			
					<u> </u>					. ,								
	Medical History - HAVE YOU for every condition listed below. In				NOSSED WITH, HA	D, OR D	0 YO	J PRESENTL	Y HA\	/E ANY OF THE	FOLLO		NG? Answer "y					
1	or every condition listed below. In reported on a previous application f	the EXPLA	NATION an medic	NS box below, yo qal certificate an	NOSSED WITH, HA ou may note "PREVI d there has been no	D, OR D IOUSLY change	O YOU	U PRESENTL DRTED, NO CI	Y HA\ HANG	/E ANY OF THE E" only if the exp	FOLLC lanatio	n of	NG? Answer "y					
Ye	or every condition listed below. In reported on a previous application for No Condition Yes	the EXPLA for an airm ndition	NATION an medic Yes	NS box below, you cal certificate an No Condition	NOSSED WITH, HA bu may note "PREVI d there has been no	D, OR D IOUSLY change Yes	REPC in you	U PRESENTL DRTED, NO Cl ur condition. \$ Condition Mental disord	Y HA\ HANG See In	/E ANY OF THE E" only if the exp structions Page	FOLLC lanatio	n of	NG? Answer "y f the condition w	as	no"			
1	or every condition listed below. In reported on a previous application f	the EXPLA for an airm ndition	NATION an medic	NS box below, you cal certificate an No Condition	NOSSED WITH, HA bu may note "PREVI d there has been no	D, OR D OUSLY change Yes	No	U PRESENTL DRTED, NO Cl ur condition. \$ Condition Mental disord depression, a	Y HA\ HANG See In ders of	/E ANY OF THE E" only if the exp structions Page any sort; , etc.	FOLLC lanatio	n of	NG? Answer "y	as	no"			
Ye	or every condition listed below. In reported on a previous application for No Condition Yes	the EXPLA for an airm ndition ches	NATION an medic Yes	NS box below, you cal certificate an No Condition Heart or vas	NOSSED WITH, HA bu may note "PREVI d there has been no	D, OR D OUSLY change Yes	No	U PRESENTL DRTED, NO Cl ur condition. \$ Condition Mental disord depression, a	Y HANG Bee In ders of inxiety	/E ANY OF THE E" only if the exp structions Page any sort; , etc. ence or failed a	FOLLC lanatio Yes	No	NG? Answer "y f the condition w lo Condition Military medic	as cal disch	no"			
Y€	or every condition listed below. In reported on a previous application fines. No Condition Yes No Condition	the EXPLA for an airm ndition ches	NATION an medic Yes	NS box below, you cal certificate an No Condition Heart or vas	NOSSED WITH, HA bu may note "PREVI d there has been no	D, OR D OUSLY change Yes	No	U PRESENTL DRTED, NO Cl ar condition. S Condition Mental disord depression, a Substance de drug test ever or use of illeg	Y HANG HANG See In ders of inxiety epend r, or si	/E ANY OF THE E" only if the exp structions Page any sort; , etc. ence or failed a ubstance abuse	FOLLC lanatio Yes	No	NG? Answer "y f the condition w	as cal disch	no"			
a. 🗆	or every condition listed below. In experted on a previous application for the solution of the	the EXPLA for an airm ndition ches	ANATION an medic Yes g. h.	NS box below, you cal certificate an No Condition Heart or vas	NOSSED WITH, HA ou may note "PREVI d there has been no n scular trouble blood pressure	D, OR D OUSLY change Yes	No	U PRESENTL DRTED, NO Cl or condition. S Condition Mental disord depression, a Substance de drug test ever	Y HANG HANG See In ders of inxiety epend r, or si	/E ANY OF THE E" only if the exp structions Page any sort; , etc. ence or failed a ubstance abuse	FOLLC lanatio Yes	No	NG? Answer "y f the condition w lo Condition Military medic	as cal disch	no"			
Y€	or every condition listed below. In experted on a previous application for the solution of the	the EXPLA for an airm ndition ches	NATION an medic Yes	NS box below, you all certificate an No Condition Heart or var High or low	NOSSED WITH, HA bu may note "PREVI d there has been no	D, OR D OUSLY change Yes	No	U PRESENTL DRTED, NO Cl ar condition. S Condition Mental disord depression, a Substance de drug test ever or use of illeg	Y HANG HANG See In ders of inxiety epend r, or si	/E ANY OF THE E" only if the exp structions Page any sort; , etc. ence or failed a ubstance abuse	FOLLC lanatio	No.	NG? Answer "y f the condition w lo Condition Military media	cal disch	no" narge military service			
a. 🗆 b. 🗖	or every condition listed below. In experted on a previous application for the property of the	the EXPLA for an airm ndition ches	NATION an medial Yes g. h. l.	NS box below, you all certificate an No Condition Heart or vas High or low Stomach, lingtrouble	NOSSED WITH, HA bu may note "PREVI d there has been no scular trouble blood pressure ver, or intestinal	D, OR D IOUSLY change Yes	No Poly	J PRESENTL DRTED, NO Cl arr condition. S Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years.	Y HANG See In ders of inxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the	FOLLC lanatio Yes r. □ s. □	No O	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for	cal disch	no" narge military service ealth insurance			
a. □ b. □ d. □	or every condition listed below. In reported on a previous application for the condition Yes No Condition Ye	the EXPLA for an airm ndition ches	NATION an medical Yes g. h. l. l. s j. l.	NS box below, you all certificate an No Condition Heart or vas High or low Stomach, liver trouble Kidney stor	NOSSED WITH, HA ou may note "PREVI d there has been no n scular trouble blood pressure	D, OR D IOUSLY change Yes m. n. o.	REPC in you	J PRESENTL NTED, NO Cl ur condition. § Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen	Y HANG See In ders of inxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the	FOLLC lanatio	No Control of the con	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to	cal discr tion by r life or h	narge military service ealth insurance			
a. 🗆 b. 🗖	revery condition listed below. In experted on a previous application for the protection of the protect	the EXPLA for an airm ndition ches	NATION an medical Yes g. h. l. k. k. k.	NS box below, you all certificate an No Condition Heart or vast High or low Stomach, lintrouble Kidney stor	NOSSED WITH, HA bu may note "PREVI d there has been no scular trouble blood pressure ver, or intestinal	D, OR D OUSLY change Yes m. n. o. p. p.	No D	J PRESENTL DRTED, NO Cl arr condition. S Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years.	Y HAN HANG See In ders of anxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the	FOLLC lanatio	No Control of the con	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for	cal discr tion by r life or h	narge military service ealth insurance			
a. □ b. □ c. □ d. □ e. □ f. □	or every condition listed below. In exported on a previous application for the condition Yes No Condition Ye	the EXPLA for an airm, ndition ches s reason ept glasses	NATION an medical Yes g. h. l. k. l. l. l. l. l. l. l. l. l. l	NS box below, you all certificate an No Condition Heart or vast High or low Stomach, lintrouble Kidney stor Kidney stor Diabetes Neurologica seizures, st	NOSSED WITH, HA bu may note "PREVI d there has been no scular trouble blood pressure ver, or intestinal ne or blood in urine	D, OR D OUSLY change Yes m. n. o. p. p.	No No	J PRESENTL DRTED, NO Cl ur condition. Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen	Y HAN HANG See In ders of anxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the	FOLLC lanatio	No Control of the con	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to	cal discr tion by r life or h	narge military service ealth insurance			
a. □ b. □ c. □ d. □ e. □ Conv	or every condition listed below. In eported on a previous application for the property of the	the EXPLA for an airm, ndition ches s reason ept glasses	NATION an medical Yes g. h. l. k. l. l. l. l. l. l. l. l. l. l	NS box below, you all certificate an No Condition Heart or vast High or low Stomach, lintrouble Kidney stor Kidney stor Diabetes Neurologica seizures, st	NOSSED WITH, HA bu may note "PREVI d there has been no n scular trouble blood pressure ver, or intestinal ne or blood in urine al disorders; epilepsy	D, OR D OUSLY change Yes m. n. o. p. p.	No No	J PRESENTL NTED, NO Clar r condition. § Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sickness	Y HAN HANG See In ders of anxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the	FOLLC lanatio	No C	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness,	cal discr tion by r life or h	narge military service ealth insurance			
a. □ b. □ c. □ d. □ e. □ f. □	or every condition listed below. In exported on a previous application for the protection of the prote	the EXPLA for an airm; ndition ches s reason ept glasses History - So	NATION an medical medi	S box below, you all certificate an No Condition Heart or vat High or low Stomach, lintrouble Kidney stor Diabetes Neurologica seizures, stations Page	NOSSED WITH, HA but may note "PREVId d there has been no n scular trouble blood pressure ver, or intestinal the or blood in urine al disorders; epilepsy troke, paralysis, etc.	D, OR D IOUSLY change Yes m. n. o. p. q. q. ded by, or	O YOU REPOOR IN YOU NO	J PRESENTL NTED, NO Cl ur condition. § Condition Mental disord depression, a Substance de drug test even or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknes medication under the	Y HAN HANG See In ders of anxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the	FOLLC lanatio	Non of	NG? Answer "y f the condition w lo Condition I Military medic I Medical reject Rejection for I Admission to Other illness,	cal disch	marge military service ealth insurance I			
a. □ b. □ c. □ d. □ e. □ f. □ Conv	revery condition listed below. In experied on a previous application for the provided on the	the EXPLA for an airm ndition ches s reason ept glasses History - So on(s) involv rug; or (2) if	NATION an median	S box below, you all certificate an No Condition Heart or vast Stomach, liver trouble Kidney storn Diabetes Neurologica seizures, structions Page	NOSSED WITH, HA bu may note "PREVI d there has been no scular trouble blood pressure ver, or intestinal ne or blood in urine al disorders; epilepsy roke, paralysis, etc. ted by, while impaire (s) or administrative	D, OR DIOUSLY change Yes m. n. o. p. p. q. q. ded by, or exaction(see	O YOU REPOOR IN YOU IN	J PRESENTL DRTED, NO Cl ur condition. § Condition. § Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknes medication under the lying an	Y HAN HANG See In ders of anxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the	FOLLC Identition Yes r. s. u. u. x. Y.	Non of	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, No History of conviction	life or he hospita disabilit	no" narge military service ealth insurance I ty, or surgery			
a.	or every condition listed below. In experted on a previous application for the protect of the pr	the EXPLA for an airm ndition ches reason ept glasses History - Si on(s) involv rug; or (2) I in the denia	NATION an median	S box below, you all certificate an No Condition Heart or vas High or low Stomach, line trouble Kidney stor Diabetes Neurological seizures, stactions Page	NOSSED WITH, HA bu may note "PREVI d there has been no n scular trouble blood pressure ver, or intestinal ne or blood in urine al disorders; epilepsy troke, paralysis, etc. tted by, while impaire ((s) or administrative ion, or revocation of	D, OR DIOUSLY change Yes m. n. o. p. p. q. q. ded by, or exaction(see	O YOU REPOOR IN YOU IN	J PRESENTL DRTED, NO Cl ur condition. § Condition. § Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknes medication under the lying an	Y HAN HANG See In ders of anxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the	FOLLC Identition Yes r. s. u. u. x. Y.	Non of	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, No History of conviction	as a	marge military service ealth insurance I ty, or surgery ic r felonies).			
a.	revery condition listed below. In experted on a previous application for the protect of the prot	the EXPLA for an airm ndition ches reason ept glasses History - Si on(s) involv rug; or (2) I in the denia	NATION an median	S box below, you all certificate an No Condition Heart or vas High or low Stomach, line trouble Kidney stor Diabetes Neurological seizures, stactions Page	NOSSED WITH, HA bu may note "PREVI d there has been no n scular trouble blood pressure ver, or intestinal ne or blood in urine al disorders; epilepsy troke, paralysis, etc. tted by, while impaire ((s) or administrative ion, or revocation of	D, OR DIOUSLY change Yes m. n. o. p. p. q. q. ded by, or exaction(see	O YOU REPOOR IN YOU IN	J PRESENTL DRTED, NO Cl ur condition. § Condition. § Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknes medication under the lying an	Y HAN HANG See In ders of anxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the	FOLLC Identition Yes r. s. u. u. x. Y.	Non of	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, No History of conviction	cal discretion by i	no" narge military service ealth insurance I ty, or surgery			
a.	or every condition listed below. In experted on a previous application for the protect of the pr	the EXPLA for an airm ndition ches reason ept glasses History - Si on(s) involv rug; or (2) I in the denia	NATION an median	S box below, you all certificate an No Condition Heart or vas High or low Stomach, line trouble Kidney stor Diabetes Neurological seizures, stactions Page	NOSSED WITH, HA bu may note "PREVI d there has been no n scular trouble blood pressure ver, or intestinal ne or blood in urine al disorders; epilepsy troke, paralysis, etc. tted by, while impaire ((s) or administrative ion, or revocation of	D, OR DIOUSLY change Yes m. n. o. p. p. q. q. ded by, or exaction(see	O YOU REPOOR IN YOU IN	J PRESENTL DRTED, NO Cl ur condition. § Condition. § Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknes medication under the lying an	Y HAN HANG See In ders of anxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the	FOLLC Identition Yes r. s. u. u. x. Y.	Non of	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, No History of conviction	cal discretion by i	no" narge military service ealth insurance l ty, or surgery ic r felonies).			
a. □ b. □ c. □ d. □ e. □ f. □ Conv Yes v. □	revery condition listed below. In experied on a previous application for the protection of the protect	the EXPLA for an airm ndition ches reason ept glasses History - So on(s) involv rug; or (2) I in the denia ice at an ec Last 3 Yea	ANATION an media m	S box below, you all certificate an No Condition Heart or vast High or low Stomach, lintrouble Kidney stor Diabetes Neurological seizures, stactions Page Ing while intoxical francon cancellate and or a rehabilita	NOSSED WITH, HA bu may note "PREVI d there has been no scular trouble blood pressure ver, or intestinal ne or blood in urine al disorders; epilepsy roke, paralysis, etc. ted by, while impaire (s) or administrative ion, or revocation of tion program.	D, OR D IOUSLY change Yes m. n. o. p. q. q. ded by, or exaction(s driving p	While si) invoirivileg	J PRESENTL DRTED, NO Cl ur condition. § Condition. § Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknes medication under the lying an	Y HAN HANG See In ders of anxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the	FOLLC Identition Yes r. s. u. u. x. Y.	Non of	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, No History of conviction (misdeme	cal discretion by the contraction of the contractio	marge military service ealth insurance l ty, or surgery ic r felonies). FOR FAA USE eview Action Codes			
a. □ b. □ c. □ d. □ e. □ f. □ Conv Yes v. □	or every condition listed below. In eported on a previous application for the protect of the pro	the EXPLA for an airm ndition ches reason ept glasses History - So on(s) involv rug; or (2) I in the denia ice at an ec Last 3 Yea	ANATION an media m	S box below, you all certificate an No Condition Heart or vast High or low Stomach, lintrouble Kidney stor Diabetes Neurological seizures, stactions Page Ing while intoxical francon cancellate and or a rehabilita	NOSSED WITH, HA bu may note "PREVI d there has been no scular trouble blood pressure ver, or intestinal ne or blood in urine al disorders; epilepsy roke, paralysis, etc. ted by, while impaire (s) or administrative ion, or revocation of tion program.	D, OR D IOUSLY change Yes m. n. o. p. q. q. ded by, or exaction(s driving p	While si) invoirivileg	J PRESENTL NTED, NO Cl ur condition. § Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknes medication under the lving an les or	Y HAN HANG See In ders of anxiety epend r, or si gal sub	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a ubstance abuse estance in the e or abuse	FOLLC Identition Yes r. s. u. u. x. Y.	Non of	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, No History of conviction (misdeme	cal discretion by the contraction of the contractio	marge military service ealth insurance l ty, or surgery ic r felonies). FOR FAA USE eview Action Codes			
a. □ b. □ c. □ d. □ e. □ f. □ Conv Yes v. □ Expla	or every condition listed below. In experited on a previous application for the protect of the p	the EXPLA for an airm ndition ches reason ept glasses thistory - Si on(s) involv rug; or (2) I in the deniance at an ed Last 3 Yea d Type of H	ANATION an median media	S box below, you all certificate an No Condition Heart or var High or low Stomach, line trouble Kidney store below seizures, stactions Page In while intoxica from any conviction ension, cancellated or a rehabilita	NOSSED WITH, HA but may note "PREVId d there has been no n scular trouble blood pressure ver, or intestinal the or blood in urine all disorders; epilepsy troke, paralysis, etc. sted by, while impaire (s) or administrative ion, or revocation of tion program.	D, OR D OUSLY change Yes m. n. n. o. p. q. diving p ed by, or action(s driving p	While (Explaint)	J PRESENTL NTED, NO Cl ur condition. § Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknet medication under the lving an less or	Y HANG Gee In ders of ninxiety epend r, or si gal sub dence ot tsss req	/E ANY OF THE E" only if the exp structions Page any sort: , etc. ence or failed a abstance abuse stance in the e or abuse uiring	FOLLC lanatio	es Dons	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, No History of conviction (misdeme	as a	marge military service ealth insurance l ty, or surgery ic r felonies). FOR FAA USE eview Action Codes			
a. □ b. □ c. □ d. □ e. □ f. □ Conv Yes v. □ Expla	or every condition listed below. In eported on a previous application for the provided on the	the EXPLA for an airm ndition ches reason ept glasses History - So on(s) involv rug; or (2) I in the denia ince at an ed Last 3 Yea d Type of F	ANATION an median media	NS box below, you all certificate an No Condition Heart or vast High or low Stomach, lintrouble Kidney stor Diabetes Neurologica seizures, stations Page and while intoxica of any conviction ension, cancellat all or a rehabilita rofessional Conservational Drivers of the National Drivers	NOSSED WITH, HA bu may note "PREVI d there has been no n scular trouble blood pressure ver, or intestinal ne or blood in urine al disorders; epilepsy roke, paralysis, etc. sted by, while impaire (s) or administrative ion, or revocation of tion program.	D, OR D IOUSLY change Yes m. n. n. o. p. q. q. q. q. q. q. q. q. q. q	while grade in a dec	J PRESENTL DRTED, NO Cl ur condition. S Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknes medication under the lving an les or	Y HAN HANG See In ders of ders of nixiety epend r, or si gal sub dence ot sss req Depa	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a ubstance abuse estance in the uiring No	FOLLC FOLL CALL FOR THE PROPERTY OF THE PROPER	on of No	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, No History of conviction (misdeme See Instruct Reason	cal discretion by i	marge military service ealth insurance l ty, or surgery ic r felonies). FOR FAA USE eview Action Codes			
a. □ b. □ c. □ d. □ e. □ Conv Yes v. □ Who jurisi ageii	or every condition listed below. In eported on a previous application for the service of t	the EXPLA for an airm ndition ches reason ept glasses History - Si on(s) involv rug; or (2) in the deniance at an ed Last 3 Yea d Type of H	ANATION an medical med	S box below, you all certificate an No Condition Heart or vas High or low Stomach, line trouble Kidney stor Diabetes Neurologica seizures, stactions Page Ing while intoxica of any conviction ension, cancellate all or a rehabilital or a r	NOSSED WITH, HA but may note "PREVId d there has been no n scular trouble blood pressure ver, or intestinal the or blood in urine all disorders; epilepsy troke, paralysis, etc. uted by, while impaire (s) or administrative ion, or revocation of tion program. sulted 20. Application of the program of the	D, OR D OUSLY change Yes m. n. n. p. q. q. q. q. q. yes ant's Na through ent cons yy reques	while shitters st, the	J PRESENTL RTED, NO CI ur condition. S Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknet medication under the lving an less or Driver Regis signated State authorization FAA shall ma	Y HANG See In ders of ders of ders of anxiety epend r, or sis al sub ders of beta a beta a ders of a ders	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse estance in the In No In No In Certifying De retrement of Motor single access to	FOLLC lanatio	on of No	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, History of conviction (misdeme) See Instruct Reason	cal discretion by the state of	marge military service ealth insurance I ty, or surgery ic r felonies). FOR FAA USE eview Action Codes			
a. □ b. □ c. □ d. □ e. □ f. □ Conv Yes v. □ Who jurisa agei	or every condition listed below. In eported on a previous application for the protect of the pro	the EXPLA for an airm ndition ches reason ept glasses History - Si on(s) involv rug; or (2) in the deniance at an ed Last 3 Yea d Type of H	ANATION an medical med	S box below, you all certificate an No Condition Heart or vast High or low Stomach, lintrouble Kidney stor Diabetes Neurologica seizures, stoctions Page any conviction ension, cancellat all or a rehabilitation or a rehabilitation of the National Draining to my driving provided in this itten comment.	NOSSED WITH, HA bu may note "PREVI d there has been no scular trouble blood pressure ver, or intestinal he or blood in urine al disorders; epilepsy troke, paralysis, etc. ted by, while impaire (s) or administrative ion, or revocation of tion program. 20. Application, or revocation of tion program. 20. Application of the consapplication. Upon may application. Upon may alter the consapplication. Upon may alter the consapplication the consapplication. Upon may alter the consapplication. Upon may alter the consapplication. Upon may alter the consapplication th	D, OR D IOUSLY change Yes m. n. n. p. q. q. q. q. q. q. q. q. q. q	while getting the state of the	J PRESENTL DRTED, NO Cl DRTED,	Y HANG See In ders of ders	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a abstance abuse estance in the In I	FOLLC lanatio	es ons es, to orma	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, History of conviction (misdeme See Instruct Reason of urnish to the fation contained in the NDR, if any, ot apply unless	cal discretion by i	marge military service ealth insurance l ty, or surgery ic r felonies). FOR FAA USE eview Action Codes ge			
a. □ b. □ c. □ d. □ e. □ f. □ Conv Yes v. □ Explain Hydright agel know schk- cor who or work work work work work work work	or every condition listed below. In eported on a previous application for the protect of the pro	the EXPLA for an airm ndition ches reason ept glasses History - Si on(s) involv rug; or (2) fin the deniance at an end Last 3 Year d Type of F I hereby a informatic verify informy review	ANATION an medicine and medicin	S box below, you all certificate an No Condition Heart or vast High or low Stomach, live trouble Kidney store Neurological seizures, stations Page In while intoxical frame and consion, cancellate all or a rehabilitation or a rehabilitation of the National Drining to my driving provided in this itten comment. NOTE	NOSSED WITH, HA bu may note "PREVI d there has been no n scular trouble blood pressure ver, or intestinal he or blood in urine al disorders; epilepsy roke, paralysis, etc. sted by, while impaire (s) or administrative ion, or revocation of tion program. 20. Application, or revocation of tion program. 20. Application of this cons application. Upon m Authority: 23 U.S. C; ALL persons usin application for M	D, OR D IOUSLY change Yes m. n. o. p. p. q. q. driving p Tyes ant's Na through ent cons y reques code 401 ng this fedical C	while gwittional and a dessistitutes st, the norm in form in elertific elertific elertific elertific.	J PRESENTL DRTED, NO Cl ur condition. S Condition Mental disord depression, a Substance de drug test ever or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknes medication under the lying an les or Driver Regis signated State authorization FAA shall ma nust sign it. I ate or Medica	Y HANG See In ders of	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a Justance abuse stance in the e or abuse uiring No No No Certifying De rtment of Motor single access to 6 information rece- consent, howeve tificate and Stuce	r. u.	on of No	NG? Answer "y f the condition w To Condition Military medic Medical reject Medic	as al discretion by the state of the state o	marge marge military service ealth insurance I ty, or surgery ic r felonies). FOR FAA USE eview Action Codes ge DR to le for rm is used as an			
a. □ b. □ c. □ d. □ e. □ f. □ Conv Yes v. □ Expla 19. \ Who jurisa agei knoor con con repr repr	or every condition listed below. In eported on a previous application for the process of any in the process of a previous application for the process of a previous application for the process of a previous application for the process of a	the EXPLA for an airm ndition ches s reason ept glasses History - So on(s) involv rug; or (2) I in the denia nce at an ed Last 3 Yea d Type of F I hereby a informatic verify inform y review I hereby a agree tha	ANATION an media m	S box below, you all certificate an No Condition Heart or vast High or low Stomach, lintrouble Kidney stor Diabetes Neurologica seizures, stotions Page may while intoxica of any conviction ension, cancellat all or a rehabilitation or a rehabilitation of the comment. Total tall statements the to be consider	NOSSED WITH, HA but may note "PREVId d there has been no scular trouble blood pressure ver, or intestinal me or blood in urine al disorders; epilepsy troke, paralysis, etc. ted by, while impaire (s) or administrative ion, or revocation of tion program. 20. Application typen record. This cons application. Upon m Authority: 23 U.S. C ALL persons usin application for Mis and answers provid red part of the basis	D, OR D IOUSLY change Yes m. n. n. p. q. q. yes ant's Na through ent cons yo request code 401 ng this feedical C led by mr	while while (Explaintional in a destitutes st, the corn in certific ee on the certific	J PRESENTL DRTED, NO Cl ur condition. S Condition Mental disord depression, a Substance de drug test evei or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknei medication under the lving an les or Driver Regis signated State authorization FAA shall ma ate or Medica is application	Y HANG See In ders of on inxiety epend r, or signal sub dense of one of the control of the control dense of the control of the control dense of the control of the control exter are control of the control exter are control of the control of the control exter are control of the control	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a ubstance abuse stance in the e or abuse uiring No No No No No No No No No N	r. does	es es, to command to the state of the state	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, No History of conviction (misdeme See Instruct Reason of furnish to the Pation contained in the NDR, if any, ot apply unless Certificate. It of my knowled	cal discretion by i	marge military service ealth insurance l ty, or surgery ic r felonies). FOR FAA USE eview Action Codes ge DR to le for rm is used as an			
a. □ b. □ c. □ d. □ e. □ f. □ Conv Yes v. □ Expla 19. \ Who juris agei know or fr repr repr fine	or every condition listed below. In eported on a previous application for the service of a previous application for the service of a previous application for the service of the service o	the EXPLA for an airm ndition ches reason ept glasses History - Si on(s) involv rug; or (2) fi in the denia ice at an ed Last 3 Yea d Type of F I hereby a informatic verify inform y review I hereby a agree tha statemen	ANATION an medical med	S box below, you all certificate an No Condition Heart or vat High or low Stomach, lintrouble Kidney stor Neurological seizures, stations Page May conviction ension, cancellate all or a rehabilitation or my driving item comment. NOTE at all statements	NOSSED WITH, HA but may note "PREVId d there has been no scular trouble blood pressure ver, or intestinal me or blood in urine al disorders; epilepsy troke, paralysis, etc. ted by, while impaire (s) or administrative ion, or revocation of tion program. 20. Application typen record. This cons application. Upon m Authority: 23 U.S. C ALL persons usin application for Mis and answers provid red part of the basis	D, OR D IOUSLY change Yes m. n. n. p. q. q. yes ant's Na through ent cons yo request code 401 ng this feedical C led by mr	while while (Explaintional in a destitutes st, the corn in certific ee on the certific	J PRESENTL DRTED, NO Cl ur condition. S Condition Mental disord depression, a Substance de drug test evei or use of illeg last 2 years. Alcohol depen Suicide attemp Motion sicknei medication under the lving an les or Driver Regis signated State authorization FAA shall ma ate or Medica is application	Y HANG See In ders of on inxiety epend r, or signal sub dense of one of the control of the control dense of the control of the control dense of the control of the control exter are control of the control exter are control of the control of the control exter are control of the control	/E ANY OF THE IE" only if the exp structions Page any sort; , etc. ence or failed a ubstance abuse stance in the e or abuse uiring No No No No No No No No No N	r. does	es es, to command to the state of the state	NG? Answer "y f the condition w lo Condition Military medic Medical reject Rejection for Admission to Other illness, No History of conviction (misdeme See Instruct Reason of furnish to the Pation contained in the NDR, if any, ot apply unless Certificate. It of my knowled	as al discretion by the state of the state o	marge military service ealth insurance l ty, or surgery ic r felonies). FOR FAA USE eview Action Codes ge DR to le for rm is used as an			

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

				REF	PORT	OF MEDIC	CAL EX	AMINA	ATIO	N							
21. Height (inches) 22. Weight (pounds)							3. Statement of Demonstrated Ability (SODA) 24. SODA Seria Yes							A Serial N	rial No.		
CHECK EACH IT	Norma		1	CHECK ITEM IN APPROPRIATE COLUMN							Normal	Abnorma					
25. Head, face, neck,			37. ∖	37. Vascular system (Pulse, amplitude and character, arms, legs, others													
26. Noses								38. Abdomen and viscera (including hernia)									
27. Sinuses							39. A	39. Anus (Not including digital examination)									
28. Mouth and throat			40. 8	40. Skin													
29. Ears, general (Inte	9)		41. 0	41. G-U System (Not including pelvic examination)													
30. Ear Drums (Perfor	ration)						42. L	42. Upper and lower extremities (Strength and range of motion)									
31. Eyes, general (Vis	sion under i	tems 50 to 54)					43. 5	43. Spine, other musculoskeletal									
32. Ophthalmoscopic							44. le	44. Identifying body marks, scars, tattoos (Size & location)									
33. Pupils (Equality ar	nd reaction))					45. L	45. Lymphatics									
34. Ocular motility (As	ssociated pa	arallel moveme	nt, nys	stagmus)			46. N	leurolog									
35. Lungs and chest (Not including breast examination							47. F	47. Psychiatric (Appearance, behavior, mood, communication, and memory)									
36. Heart (Precordial					Щ.	<u> </u>		Seneral s									
NOTES: Describe eve	ery abnorma	ality in detail. E	nter a	pplicable item r	umber b	efore each co	omment. l	Jse addi	tional	sheets if nece	ssary and a	ttach to this f	orm.				
49. Hearing Record Audiometric Speech Discrimination Score Below							Righ	nt Ear					Left E	ar			
Conversational				Audiometer	500	1000	200	2000 3000 4000 500				1000	2000	3000	40	000	
Voice Test at 6 Feet Pass Fail				Threshold in decibels				+							+		
50. Distant Vision				51.a. Near Vis						ntermediate V			•	1	Color Visi		
Left 20/ Co	orrected to 2 orrected to 2	20/		Right 20/ Left 20/	Corre	cted to 20/		Right Left	20/ Co	rrected to 2 rrected to 2	0/			Pass			
Both 20/ Co	orrected to 2	_	teronh	Both 20/ oria 20' (in prisi		cted to 20/	Eson		Both	20/ Co Exophoria	rrected to 2		ria		Hyperpho	ria	
Normal D	ii dioptoi	-) Esophoria Exophoria Right Hyperphoria						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Left Hyperphoria							
55. Blood Pressure	57. Urin	alysis (if abn	ysis (if abnormal, give results)								ECG (Date)						
Systolic Diastolic (Resting) (Sitting, mm of Mercury)						mal ∏ A	Albumin Sugar Abnormal					ıgar	-	MM I	אין טכ	Y	
or moreary,					Nor												
59. Other Tests Give	n																
60. Comments on Hi abnormal findings of the										FOR FAA USE							
, , , , , , , , , , , , , , , , , , , ,							Pa							Pathology Codes:			
													ļ	Coded B	y:		
Significant Medical History Yes No						Abnormal P	hysical Fi	rsical Findings									
61. Applicant's Name	•			62. Has Be	een Issue	ed -	Medical (Certificat	e		edical & Stu	dent Pilot Ce	rtificate				
''				П ^	lo Certific	ate Issued -	Deferred f	or Furth	er Eva	luation							
				ᆜ		Denied - Let											
63. Disqualifying Def	fects (List b	y item number)	'														
64. Medical Examine this medical examinat										nally examined	d the applica	ant named or	n				
Date of Examination Aviation Medical Examiner's Name												Aviation Medical Examiner's Signature					
MM DD YYYY				AME Serial Number													
City State Zip Code										AME Telep	ME Telephone ()						